

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818):		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number 09/748,006-Conf. #4862	Filing Date December 27, 2000
		First Named Inventor Wolfgang VON DEYN	Examiner Name R. T. Shiao
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1626	Attorney Docket No. 5000-0103PUS2
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>02-2448</u> Deposit Account Name <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>														
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)												
Utility	300	150	500	250	200	100													
Design	200	100	100	50	130	65													
Plant	200	100	300	150	160	80													
Reissue	300	150	500	250	600	300													
Provisional	200	100	0	0	0	0													
							Small Entity												
							Fee (\$)												
							Fee (\$)												
2. EXCESS CLAIM FEES Fee Description																			
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
							180												
<table style="width: 100%;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 20%;">Extra Claims</td> <td style="width: 20%;">Fee (\$)</td> <td style="width: 20%;">Fee Paid (\$)</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>29</td> <td>- 37 =</td> <td>0</td> <td>x</td> <td>=</td> <td></td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			29	- 37 =	0	x	=		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																
29	- 37 =	0	x	=															
HP = highest number of total claims paid for, if greater than 20																			
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																
2	- 3 =	0	x	=															
HP = highest number of independent claims paid for, if greater than 3																			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the applicator size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)												
- 100 =		/50		(round up to a whole number) x		=													
							Fee Paid (\$)												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge), 1253 Extension for response within third month																			
							1,020.00												

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent) 32,868	Telephone (703) 205-8000	
Name (Print/Type) Andrew D. Merkle		Date November 14, 2006	